

Pharmacy and Chemistry

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Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

Quinidin in Heart Disease—Quinidin has suddenly leaped into prominence because of its striking effects in certain forms of cardiac irregularity. To see a heart that has been constantly irregular for one or two years because of a fibrillating auricle lose its lawless and rapid beat within a few hours under the influence of this drug and resume normal rhythm and rate and maintain these for months, must attract the attention of all. The conclusions of the few clinicians who have thus far reported their investigations are in remarkable agreement as to the fact that in about half of the cases of auricular fibrillation, Quinidin is capable of restoring to the sino-auricular node the control of the heart so that, for a time at least, the working of the heart is normal. However, while those who report on the effects of Quinidin are fascinated by the possibilities of the application of this drug in medicine, they are wisely conservative in their statements and frankly admit that much is yet to be learned concerning its proper use. It is to be hoped that the few favorable reports will not lead to the indiscriminate use of the drug in every type of irregular and rapid type of heart (Journal A. M. A., December 3, 1921, page 1822).

Delano's Rheumatic Conqueror has had quite a vogue in some parts of the country and has even been prescribed by physicians. Analysis shows that it consists of starch, talc, chalk and a little quinine.

Butyn is a new local anesthetic which may, if its claims are verified, advantageously take the place of cocaine in many eye cases. It is a chemical individual, and not a secret preparation, but has not yet been accepted by the Council simply because that body thinks the clinical work is not yet sufficient to justify its acceptance. It seems worthy of clinical trial, which alone will tell the tale, and may easily be obtained by any physician who cares to try it.

Intravenous Specialties—There sprung up all over the country a number of concerns making specialties and standard preparations for hypodermatic and intravenous use. Some of these concerns are undoubtedly honest and are getting out good preparations. Some are honest and competent and others are simply exploiting the medical profession and the public. Physicians should be particularly careful about using these preparations and should see that the manufacturer is thoroughly reputable and not simply a "fly-by-night" with a sleek detail man. There is always a certain amount of danger in giving even the best of any of these preparations, and patients who suffer an abscess occasionally threaten the physician with a malpractice suit. The best defense in such a case would be the reputation of the house making the ampoule.

Cod Liver Oil seems to be coming into its own again. This old household remedy was for a while discredited by most physicians who believed its sole value that of a food and therefore that it could be replaced by more palatable oils. The recent

work on vitamins and the discovery that Cod Liver Oil is particularly rich in at least one of them has placed it back in favor. Its value in rickets has now been definitely proved by Park and Howland who took roentgenograms which show definitely that it will cure rickets if the diet is not otherwise too faulty. In this connection it may be stated that some other experiments seem to indicate that rickets can be cured by plenty of sunlight. Perhaps we have the mysterious vitamins acting in the one and the electron in the other.

Esters of the fatty acid of **chaulmoogra oil** are now marketed under the name of **Chaulmestrol**. This is a distinct advantage because the physician who has not a chemical laboratory at his disposal can now try this remedy.

Nuforal is a name of another alleged tuberculosis remedy now on the market for revenue only.

Sodium sulphate is one of the best antidotes for **phenol poisoning**. Alcohol, which has been largely accepted as an antidote, does more harm than good when taken into the stomach.

In many parts of the country the law requires the addition of alcohol to the solution of phenol before it can be sold indiscriminately. This seems a mistake as the alcohol probably makes it more easily miscible with the contents of the stomach and, therefore, more easily absorbed. Washing with alcohol does undoubtedly prevent the local escharotic action of phenol and if applied immediately prevents carbolic acid burns. Its action is probably that of a solvent and other solvents may do as well though there seems to be no experimental work on this subject.

Another wide-spread fallacy is the belief that no water must be applied to a **sulphuric acid burn** as the water will simply cause the evolution of heat and, therefore, intensify the burn. This may be so if only a small quantity of water is used but if a large quantity be used the sulphuric acid is diluted and washed away and the heat involved is negligible as compared with the cooling effect of the water.

The writer knows of at least one instance where a trifling sulphuric acid burn became rather serious because nothing at all was done for ten or fifteen minutes while waiting for bicarbonate of soda and oil. The addition of bicarbonate of soda evolves more heat than does the addition of water. Another fact not generally known is that low-boiling gasoline acts on bromine just as alcohol does on carbolic acid, so that if bromine be spilled on the skin no bad results will be noticed if the place be immediately thoroughly washed with gasoline.

Another Step Toward Free Medical Care for Everybody—According to the New York Post of March 29, the United States Government is conducting a public service clinic at 67 Hudson street, New York. This clinic is not only open to all Federal employees, but is also open to all civil service employees of the city of New York.

In spite of the fact that this clinic is expensively equipped and expensively maintained, it has been found necessary to secure newspaper publicity in order to get patients.

Clinics of this character cause further confusion in the minds of the public as to what is worth while in medicine.

New Director for State Department of Institutions—Mr. Ralph Fisher has resigned from this position and John A. Reily, M. D., formerly medical superintendent of the Southern California State Hospital, has been appointed to fill this important medical position.